

INDIANA DEPARTMENT OF HOMELAND SECURITY

CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/



Variance number (Assigned by department) INSTRUCTIONS: Please refer to the attached four (4) page instructions. Attach additional pages as needed to complete this application. 16-06-01 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) Name of applicant Owner Steve Kaufman Telephone number Name of organization Senescent Healthcare, LLC (847) 777.6933 Address (number and street, city, state, and ZIP code) 175 Olde Half Day Road, Lincolnshire, IL 60069 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Name of applicant Architect **Brad Moser** Telephone number Name of organization (847) 229.8222 Tyson and Billy Architects, P.C. Address (number and street, city, state, and ZIP code) 4000 Morsay Drive, Rockford, IL 61197 3. DESIGN PROFESSIONAL OF RECORD (If applicable) License number Name of design professional AR11400058 Ronald G. Billy, Jr. Name of organization Telephone number (847) 229.8222 Tyson and Billy Architects, P.C. Address (number and street, city, state, and ZIP code) 4000 Morsay Drive, Rockford, IL 61197 4. PROJECT IDENTIFICATION State project number County Name of project 377891 Allen Lincolnshire Place Memory Care Facility Address of site (number and street, city, state, and ZIP code) 11911 Diebold Road, Fort Wayne, IN Type of project New ☐ Addition ☐ Alteration ☐ Change of occupancy ☐ Existing 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. Written documentation showing that the local building official has received a copy of the variance application. 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? Yes (If yes, attach a copy of the Correction Order.) Has a violation been issued?

Page 1 of 2

☐ State Fire and Building Code Enforcement Section

Local Fire Department

Yes (If yes, attach a copy of the Violation and answer the following.)

Violation issued by:

Local Building Department

7. DESCRIPTION OF REQUESTED VARIANCE							
Name of code or standard and edition involved	Specific code section						
2012 International Building Code	1008.1.9.7 Delayed Egress Locks						
Nature of non-compliance (Include a description of spaces, equipment, etc. Five of the building's exterior exit doors open into an exterior exit discharge from these 5 doors to the public way are cor 1008.1.9.7, only one delayed egress device is allowed.	or courtyard. These 5 doors are equipped with delayed egress devices. The introlled by an exterior gate with delayed egress panic hardware. Per						
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND	WELFARE WILL BE PROTECTED						
Select one of the following statements:							
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or							
Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).							
pass through more than one delayed egress system. Exceptibilities shall pass through not more than two delayed egreseconds." While the building was designed under 2012 swithout any increase in the public health, safety, or welfare 2. 1008.1.9.7 states that "a building occupant shall not be	required to pass through more than one door equipped with a delayed egrees ortion of a means of egrees system between the exit access and the exit is device is along the exit discharge and after the exit, it could be interpreted						
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICA							
 DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICA Select at least one of the following statements: 	ILLE GIGNII IOANI CINCOTONO						
The state of the construction site or its utility services.							
Imposition of the rule would result in an undue hardship (unus	- the building or structure.						
Imposition of the rule would result in an undue hardship (unus	The state of the s						
Imposition of the rule would result in an undue nardship (and s	chitecturally or a historically significant part of the building or structure.						
l	rams and activities using the exterior courtyard, supervised by staff members. exhibit wandering behavior. Therefore, it is extremely important that the staff the courtyard gate. A secondary delayed egress device would allow added						
10. STATEMENT OF ACCURACY							
I hereby certify under penalty of perjury that the information							
Signature of applicant or person submitting application	Please print name Date of signature (month, day, year)						
1/10	Brad Moser C4(3/20/6 Please rrint name Date of signature (month, day, year)						
Signature of design professional (if applicable)	partial and						
ay tely	Ronald G. Billy, Jr. On 15 12016 mitted on the applicant's behalf, the applicant must sign the following statement.)						
	his request for variance and that this application is being submitted on my behalf.						
Signature of applicant	Please print name Date of signature (month, day, year)						
Signature of applicant	Steven Kaufman 4-19-16.						
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Page 2 of 2

